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PARINĀMA SHOOLA

(PEPTIC-ULCER & ITS AYURVEDIC TREATMENT)

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D.N. SHARMA

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PARINAMA SHOOLA PEPTIC ULCER & ITS AYURVEDIC TREATM

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The Book

In the modern social conditions the parināma shoola disease is most frequently found. The code of Ayurveda is silent in deseribing it independently. In this book you will find the cause of this disease, diagnosis & treatment by Samshodhan & Samshaman therapy is well fully described in details.

This book is wholly concerned with this disease but it gives you in brief the full knowledge of panchkarma therapy.

This book is also most useful & helpful for the students of Ayurveda & Ayurvedic pratitioners.

The Author

The Author Dr. D.N. Sharma was forn at village Phagota Distt. Ghaziabad in 9th January 1952. His grandfather & father Dr. M.D. Sharma are Ayurvedist.

He passed high school examination in 1967 from D.N. Intercollege Gulaothi, Intermediate in 1969 from commercial inter college Hapur & B.Sc. passed in 1971 from Meerut College, Meerut. He has passed the B.A.M.S. in 1977 from Govt. Ayurvedic College Patiala offiliated with the Punjabi University, Patiala. He obtained post graduate degree in subject of Sanskrit & Philosophy from Meerut University, Meerut. Gurukul Kangri University Hardwar also awarded the Ph.D. degree in 1986.

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Treatment .

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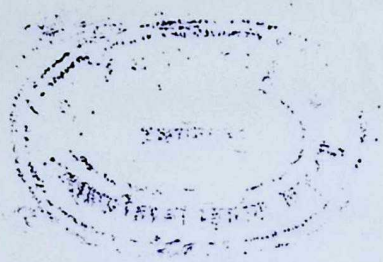

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PARINAMA SHOOLA
(PEPTIC-ULCER & ITS AYURVEDIC TREATMENT)

(Duodenal Ulcer & it's management)

by

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111245

Forwarded
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PREFACE

Ayurveda is a rich heritage. It is a complete & vast scientific system of the life. It has it's own basic principles of treatment. Ayurveda has two basic fundamental principle i.e. Samshodhan & Samshaman methods to treat the disease. We use both the line of treatment to treat the patients. Samshodhan of Ayurveda is more powerful method to treat the disease from the root cause. This method of Ayurveda is known as Panchkarma therapy. It's pre-operative methods Snehan & Swedan are able to takeout the doshas of body & by the five operative methods Vamana, Virechana, Sirovirechan, Anuvasan & Asthapan Basti can eradicate the triodshas Vata, Pitta & Kapha of the body.

Panchkarma therapy is able to uproot all diseases, but in some cases we take it in doubtful condition. In this series it can be taken. But experiments ruins this doubt. The diagnosis according to doshas if we use ghritpan as in pre-operative & virchana as samshodhan main operative method, then we found good results. In this reference I decided that I should impart these my experiences to the Ayurveda students & practitioners. So I prepared this book.

For to do this work I have been inspired by Dr. Sharada Amma I/C Post graduate Centre, Govt. Ayurveda College, Trivendrum & Prof. V. Shankaran Kutty had guided me. I am very much thankful to both of them.

Dr. V. K. Sharma ex-principal, State Ayurveda College, Lucknow who forwarded this book. I am highly obliged to him as well.

I am also thankful to the staff of panchkarma & Mr. Prem Singh Negi of Govt. Ayurvedic College, Gurkul Kangri, for their help who industriously work in the Deptt.

I shall feel my labours amply rewarded even if one student of Ayurveda find his burden slighly eased from this book.

D. N. Sharma

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FORWARD

Bhagwad Gita has defined the pleasure or grace with the constant value as a satvik sukham

यत्तदग्रे विषमिव परिणामे मृततोपमम्।
यत्सुखं सात्त्विकं प्रोक्तमात्मबुद्धिप्रसादजं।।

(गीता 18/37)

In this sloka the word parinama means the some totality of human existance. Parinama Shoola is not a commonly discussed disease in Ayurveda as the learned author has described in detail. Hence it is new approach to a disease, which covers not only the digestive system but a result of whole life. Everyone should be happy that is the goal of Indian culture. Dis-ease itself an unpleasant sensation. According to Ayurveda all the diseases arise from the digestive system which is located in the centre part of the body. Pitta is chiefly responsible for digestion. The beginning part of the gut belongs to part of the Kapa & end part of the gut in between there is a field of pitta. If any one of them goes to excess it causes of doshas or grief. It can say the pitta is the only dosha (main force).

What is pitta - Tapti & patati (तपति–पतति) i.e. to opposite motion. Tapti taken together is pitta. The fission & fissing part occurs together. It is a cycle. The part occurs together. It is a cycle. The word parinama is meaningful carry the absence of the function. Parinama is made of Pari-name (परि–णाम). Pari means as in the same sense periphere or perigee. It means going outward or arround णामः is the same as occuring in the pranama (प्रणाम), which means going, bending or sinking or salutation. The root is णामः न = नमः In nutonian

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machanics d (distance) = Speed & Time. It is the defintion in the microscopie word where generally motion is a linear function as an automobile runs on the road & covers it's distance. In quantom machanics $d=aWt^2$ here d means distance A means amplitudes W means angular momentom & t means time. This definition which describes the wave nature of matter in cyclie (rotational) motion. All the multiple forces are unite together in a unified field. It is a field which travels. This travelling is described mathematically by the differential equations, where the temporal & special changes are taken together. Only a person couch mathematically with in a intimate knowledge can have idea about quantum machanics. Same is the case with Ayurveda the therapy of triodosha. Generally the students are confused whether Vata, pitta & Kapha are dravya or shakti (Matter or energy).

The theory of tridoshas in cyclic theory. Cycle is harmonic motion like pendulum. The sweep of the tridoshic theory is from submicroscopic nuclear phenomina of nuclear forces upto the cosmic radiation of steelar evolution. This cycle of tridoshas is equally applicable to any periodic motion as that of day and night, summer & winter, wanning & waxing of moon. Not only that but the motion which apparently seems a linear motion like that of span of life say of hundred, eighty or sixty years is also divided into three doshas. The child is kapha, the middle or the climax of the wave belongs to pitta, the decay & downward motion of the wave is old age belongs to vata. Seen in this light the diseases Parinama Shoola is the parinama of food digestive cycle. End part of the pitta & beginning part of the vayu starts giving the cause of pain. The common factor of pitta & vayu is katu or pungent or penitration.

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The classification of food in Ayruveda is taste based. The possesses the three types of taste glands which are divided into three categories which give the perceptions sweet, sour & salt. The other three katu, tikta & kashaya have least nutrient value. If the former three are described as a positive curve other three can be called as negative curve. The former three directly carry the food energy & increase the potentiality or curve of heat in ourbody. While therest of the three dimished the potential curve or they convert potential into kinetic energy & increase the vata. The theory of panchmahabutas, rasas should be studies as different aspects of the same & the one cyclic story of Kaala & desha (time & space). The proper word for it is jagat the repeated motion.

The aspects have been detailed by author in the book with reference to parinama shoola. The author of the book Dr. D. N. Sharma is a teacher in basic principle of Ayurveda. He has a pregmatic approach to the subject as he is also the head of the Panchkarma Deptt. Panchkarma is the speciality of Ayurvedic treatment. It does contain the measures snehan, swedan & vamana etc. which are prerequisite to the treatment of every disease. It makes the suitable ground for medicinal use & quickence the effect successfully not only to the students of Ayurveda but layman also will be benefitted by reading of this book. I hope the author will bring forth some more tretise about the diseases which have become a problem of the day.

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PART I

REVIEW OF LITERATURE ON PARINAMA-SHOOLA

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DEFINITION

SYNONYMS

CONSIDERATION OF THE SITE OF PATHOLOGICAL LESION

CONSIDERATION OF THE TIME OF DIGESTION & ABSORPTION

NIDAN

POORVA ROOP

ROOP

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INTRODUCTION

Ayurvedic classics like Charaka Samhita and Sushruta Samhita mentioned Parinama Shoola as a clinical entity in some form or the other and it was Madhavakara who described this disease in separate chapter in his popular book - Madhava Nidana. He has described the clinical classics of Parinama Shoola and recorded their causations. The clinical classics resembles closely with that of clinical features of peptic ulcer of Modern medicine.

Paarinama Shoola is a compound word have two words 'Parinama + Shoola'. In Ayurvedic literature have three words like Parinama, Shoola and Parinama-Shoola have been used in different senses. Firstly, the world Parinama has been used in the sense of Kala (season & time both) in Charaka and in another Ayurvedic texts. (ch. vi. 8/76, ch.vi. 1/6). Secondly, it has been described in the sense of result, effect etc. (ch.sh.2/40. Su. sha. 1/15). Thirdly, it has been used in the sense of conversion of food, digestion & metabolism etc. (ch.sha.6/16, Ash.Hri.su.9/20). In the chapter of Parinama Shoola, it means pain which is aggravated during digestion of food. Thus, when the word parinama is compounded with 'Shoola' it is used for specific disease described by Madhava. This shoola comes during digestion of food, therefore it is called 'Parinama Shoola' (Madhava Nidana 26/16).

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DEFINITION :

The Aggravation of pain (shola) in stomach during digestion (Parinama) of the food is known as Parinama Shoola.

SYNONYMS :

Many synonyms of Parianama Shoola have mentioned in texts like Annadrava Shoola, Pakti-Doshaja-Shoola, Pakti-shoola, Annavidahaja0Shoola etc. It is a quite different clinical entity from 'Shoola Roga'.

CONSIDERATION OF THE SITE OF A PATHOLOGICAL LESION :

The knowledge of the site of a pathological lesion is a basic necesity for proper diagnosis and management of disease. In Ayurvedic science, it is not essential to diagnose each & every disease by a particular name (vikaranam), because the nomenclature of all the disease is technically not possible. But it is very essential to know the nature of the disease (Vikara Prakriti), the site of disease (Adhisthan) and the specific aetiological factors (Samuthana) (Ch. Su. 18/44, Ch. Su 18/46).

The disease has been defined by a symptoms & it subtypes and subgroups have been based on Doshas (Madhava Nidan 26/16).

The Pathological symptom of disease is precipitation

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of pain during digestion of food. So it seems pertinent to infer the site of the disease with the help of Pratyaksha, Anumana & Yukti Pramanas. Parinama Shoola is a disease where digestive mechanisms at fault and the related pitta or jatharagni in provoked state. Therefore the Shoola comes during the period of digestion (Parinama-Kala) (Madh. Nid. 26/16). Thus, the relation of physiological process denotes the site of the disease. There, it can be presumed that the organs responsible for digestion, the organ concerned with formation and secretion of Pachakagni or Jatharagni are probably the site of lesion.

As we know that the gastro intestinal tract is broadly and practically divided into Amashaya & Pakwashaya. (Su.Su.24/6, Su.Chi.6/3). In Ayurvedic terminology, Ashaya means that organs in body where vitiated Doshas are first collected but from the treatment point of view Amashaya & Pakwashaya are the main. Here Amashaya means the upper part of the gastro-intenstinal tract which contains the undigested food particles (Ama) for proper digestion & absorption. It includes Pachyamanashaya too. Pakwashaya mainly incudes large intestine. According to Charaka & Sushruta Pakwashaya is the main site of Purisha or Mala & Kitta (Chakrapani commentary on sh.su. 28/4, Su.Sha.9/12). The main function of the Amashaya is the digestion and absorption of nutrient material (ch.vi2/18). Therefore, the site of Parinama-Shoola is Amashaya and not Pakwashaya.

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The above description of Amashaya clearly shows that Amashaya is not a single organ like stomach. It includes certain viscera of gastro intenstinal tract which are concerned with digestion and absorption. In this context Amashaya includes (i) Oesophagus, (ii) Stomach, (iii) Small Intenstine in modern equivalence.

CONSIDERATION OF THE TIME OF DIGESTION & ABSORPTION WITH THE HELP OF PHYSIOLOGY :

The time of digestion & absorption has not mentioned in Ayruveda according to organs. It has been described definitely by certain symptoms. These symptoms has been described in form of amount of diet taken & then symptoms which suggest the time is clearly mentioned in a separate chapter by Charaka in Vimana Sthana called Trividha Kukshiya Adhyaya (ch.vi.2/3).

The appearance of appetite or desire to eat (Jatayam cha Bubhukshayam) indicated empty state of stomach, a Prerequisite of hunger. The feeling of emptyness in stomach indicates the state of hunger and hunger contractions (Kukshau cha Shithila). Thus this Jirana Kala or Bhojana-Kala shows that the stomach is now in empty state. After meal chymification begins the chyme is propelled into duodenum by strokes. During this period, the pyloric sphinctor emains in a relaxed condition. Hunger contractions are started, when the whole stomach is emptied. It is

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known as hunger or kshudha or Buhuksha. The liquified food, propelled into duodenum and reaches ileocaecal junction with in 4-4½ hours. The contents of duodenum are discharged into ileocaecal junction after 4½ hour by peristaltic and segmentation of small intenstine. In this way we can say that the process of gastric emptying. Intestinal digestion and absorption take place approximately at the same time. In that jejunum is the most important and vital site of digestion and absorption. The small Intestine consists of a proximal portion of the jejunum and a distal portion of the ileum, the process of digestion commenced in the mouth & continue through out the small intestines the segmental movements ensuring an intimate mixture of the food with the digestive juices and the subsequent absorption of the products so produced. The process of digestion & absorption occurs in jejunum. So that, for example glucose and most of the fat absorbed in the first 3-4 feet. This activity of the jejunum is made possible by the mucous membrance being thrown into the large circular folds and also by the presence of enormous numbers of minute villi on the surface.

Corresponding to the lesser importance of the ileum in the process of absorpition, the cresentricfold gradually disappear and the villi are much smaller in size even so important substances (such as vitamain B12) are absorbed almost entirely in Ileum.

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The perusal of above description clearly indicates that the major part of the digestion and absorption are completed in the small intestine and specially in the Ileum. When the food material passes into the ileo-caecal valve, it is approximately in residue form or Mala-bhaga. Thus the whole process of digestion and absorption is completed within the 4-5 hours after ingestion of food. After this period stomach and small Intestine becomes empty & food reaches in the large intestine.

The time taken in transformation of food into Rasa may be taken as Ahara - Parinama-Kala. While describing this physiological process, sushruta qualifies Rasa as Tejuobhutah, Sarah and Param Sukshma (Su.Su. 14/3). To differentiate this Rasa from the plasma of blood (Rasa) Charaka has given a different name i.e. Adhyama-Ahara-Parinama Dhatu (Ch. Ni. 1/20). Chakrapani has clearly described the subject in this commentary. Adyam means Prathamam or the first. Ahara-Parinama-Dhatu means Ahara-Parinama-Bhava-Dhatu.

Thus it may be inferred that Ahara-Parinama-Kala extend from 3-5 hours after ingestion of food. It starts in mouth and ends in small intestine. So the Parinama-Shoola disease must be a disease of this area. Thus the whole area Amashaya in Ayurvedic equavalence. Large intestine (Pakwashaya) is not involved in Parinama-Shoola. So the Oesophagus, stomach and Duodenum are the site of parinama shoola.

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1. INIDAN (AETIOLOGY) OF THE PARINAMA-SHOOLA

It is clear that the disease entity of Parinama-shoola is a lage recognition. So the description is only found in the books of later period and thus the literature remains limited. But it is expected that the disease must have been found even in earlier days. Only it has been classified at a later date. Previous to that it must have been studied along with shoola Roga in general. Therefore, the aetiological factors operating in the causation of the Shoola-Roga should be considered to be applicable for Parinama-shoola as well. However, shoola Roga and Parinama shoola are not very much different. As the chief manifestation remains shoola (pain) in bot of these diseases and vitiation of vata is primary for both types of diseases (Madhava Nidana 26/1). Hence the aetiological factors of shoola and Parinama-shoola are common to a great extent.

But as such no specific cause of Parinama-shoola has been enumerated. Madhava is of the opinion that the vata gets excited by the indulgence in certain exogenous and endogenous factors (Madhava Nidana 26/15) and then follows the involvement of pitta and shleshma (Madhava Nidana 26/15). There is provoking factors of vata in general and these found in reference to shoola Roga are also relevant factors for Parinama-shoola and the same is depicted in the table. But in addition, there is involvement of Pitta & Shleshma hence other factors of Nidana also

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take part accordingly.

(A) AHARA (DIET)

	Type	Rasa	Guna	Dravya vishesha
(i)	Vatika	Kashaya Tikta	Ruksha Shushka Sheet	Kalaya, Mudga, Adhaka, Dry vegetable and meet cold food & drink.
(ii)	Paittika	Katu Amla	Kshara Tikshna Vidahi	Oil, Been, Mustard, Kulatha, Yoosha, Alcohol & beverages.
(iii)	Shlesh-mika	—	—	Anoopa & jalaja Animal diet, excessive meat, sugarcane, krishara, Shaskuli, Tila, Butter, Milk and other milk preparation

(B) VIHARA (EXERCISE)

Type	Sharirika (Physical)	Maniska (Mental)
Vatika	Excesive exercise, Sexual Indulgence, Awakening in night, Injury, Vega Avrodh, fasting, excessive laughter and speech, Indigestion.	Anger, grief
Paittika	Excessive hard work, use of sunlight,	Anger

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excessive sexual
Indulgence, Agnitapa

(C) **KALA** (SEASONAL VARIATION)

Vatika	Rainy season, Cold weather, Evening time.
Paittika	Autumn, midnight, midday.
Shleshmika	Sun rise, spring, shishira

2. POORVA-ROOPA (PRODROMAL SYMPTOMS)

In Annavaha srotasa includes oesophagus, stomach, small intenstine and sphinctor, In dushti of Annavaha srotasa some symptoms have been enumerated by charaka (ch. Vi.5/8, SU. Sha.9/12). These are loss of Appetitie, Indigestion, Vomiting etc. This may be taken as Poorva-Roopa or uplakshana of the Parinama-Shoola.

3. ROOPA (Presenting signs and symptoms)

It has already been suggested that complete configuration of Parinama-shoola is formed by combination of original versa and commentary. On the basis of this combination, the following are the emerging clinical features of parinama-shoola, so far its signs and symptoms are concerned.

The abdominal pain which precipitates and aggravates during the digestion is known as Parinama-shoola (Madhava Nidana 26/26). According to vijaya Rakshita, 'Bhukte Jiryati' means 'Ahara Pachyamana' i.e. pain during the period of digestion of food (vijaya Rak. Madhukosha 26/16). The main site of pain are :

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Jatharaparshva	-	Flanks
Nabhi	-	Umblical region
Stanantra	-	Inter-mammary
Prishthamoola	-	Back or vertebral Column
Vasti	-	Hypogastrium
Uparyukta	-	Pain in all the region
Sarvapradesh	-	At same time.

The cardinal symptoms of parinama-shoola is pain during digestion. This pain may occur mainly in the epigastric region (Kukshi Shoola). The seven clinical types of parinama-shoola are essentially the product of three basic clinical types viz. Vataja, Pittaja and Kaphaja types. The cardinal symptoms of VatajaParinama-shoola are mainly flatulance and constipation. While the main presenting symptoms of pittaj Parinama-shoola are Daha (Burning) and Trisha (Thirst). The Kaphaja parinama-shoola presents with the symptoms of Hrillasa (Nausea), Chhardi (Vomiting). Three Dvandvaja and one sannipataja varieties are clinical mixture of three mentioned Doshic varieties of Parinama-shoola.

4. UPASHAYA (THERAPEUICS TEST)

The Shoola is relieved by taking meal and by vomiting. It is also ameliorated when digestion is over. It is aggravated by boiled shashtika, vrihi and shali types of rice.

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5. SAMPRAPTI (Pathogenesis of Parinama-Shoola)

With Anatomical and Physiological consideration of Parinama-shoola the Rogadhisthan of Parinama-shoola is Amashaya (Stomach). This diseases has not been described in Brihadtrayee i.e. Charaka Samhita, Sushruta Samhita and Ashtanga Sangraha. It has been fully elaborated by Madhava in his monumental work, Madhava Nidana in the chapter of 'Shool'. But Madhava given a separate place in his book. The elucidation of Madhava is very precise and brief. Vijaya Rakshita has cited some verses from other texts, perhaps prevalent in his time, when the original idea of Madhava is amalgamated with Vijaya Rakshita's commentary a very comprehensive, practical and crystal clear picture of Parinama-shoola is produced. Harita, shodhal and Sharangdhara have described about Parinama-shoola. But, the menumental source materials of Parinama-shoola are Madhava ar ´ Vijaya Rakshit. Bhava Prakash, Yogaratnakara and other writers have followed the have the foot prints of of Madhava & Vijaya Rakshita. Previously it might have ben included under shoola or Gulma or Grahni Roga. Shoola during the period of digestion is the most pathognomic symptoms of parinama-shoola (Madhava Nidana 26/16 and Vijaya Rakshita Madhukosha 26/16). Perhaps due to this pathognomonic characteristic, Madhava described in the chapter of Shoola.

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ROLE OF SORTO-DUSHTI IN PATHOGENESIS OF PARINAMA-SHOOLA COMPARATIVE STUDY WITH MODERN PATHOGENESIS

CLINICAL TYPES OF PARINAMA-SHOOLA

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ROLE OF SORTO-DUSHTI IN PATHOGENSIS OF PARINAMA-SHOOLA

The srotasa of Anna Rasa is Annavaha srotasa. By refering the disorder of particular Dhatu, its srotasa is also included in the pathogenesis. (Ch.vi.5/8). So the Annavaha srotasa-Dushti must be present. The result of sroto-Dushti have been broadly divided into four functional groups of charaka. (Ch.vi.5/24).

1. Atipravriti
2. Sanga
3. Sira-granthi
4. Vimarga-gamana

Thus among four pathological changes one or more must be present in this disease. Annavaha srotasa includes Amashaya, left side of Amashaya and Annavahi Dhamanis (Ch. vi.5/8, Su.Sha.9/12). In a broader sense. It includes oesophagus, stomach, small intestine and sphinctor. In Dushti of Annavaha srotasa some symptoms have been enumerated. These are loss of Appetite, Indigestion, vomiting etc. This may be taken as uplakshana only. The four groups of symptoms of Annavaha srotasa are clearly seen in Parinama-shoola (Peptic ulcer).

1. Atipravriti : Atipravriti includes over secretion of hydrocholoric acid, pepsin, gatrin, rapid emptying of stomach.

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2. Sanga : May include reduced amount of mucous, stenosis of pyloric sphinctor, hypertrophic mucosal folds, hour glass stomach, constipation, delayed emptying.

3. Siranam Granthi : May include atherosclerotic changes in blood vessels of stomach, growth of stomach, venous congestion etc.

4. Vimarga Gamana : May include regurgitation of bile through pyloric sphinctor in stomach, vomiting, malena, haematemesis etc.

Aruchi, Avipaka, Chhardi etc., are the results of these pathological processes. Therefore, there is only difference in way of presentation. Thus Rasavaha sroto-dushti is a very wide and has extensive pathogenesis.

COMPARATIVE STUDY WITH MODERN PATHOGENESIS

When we compare and contrast the aetiopathogenesis of Parinama-shoola with modern views, these seems very much similar. The mental cause have been included in anger, anxiety, fear etc. The theory of Bali vayu resembles the theory of hypermotility and disturbed motility of oesophagus and stomach. The theory of Balasah Prachutah seems equivalent to deffensive machanism of modern medicine. Where deffensive factors are weak. Mucous or Kapha is reduced, vata and pitta are increased. The

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theory of Rasavaha Dushti seems very nearer to the atherosclerotic changes in the blood vessels of the stomach. The predominance of pitta is similar to the acid-pepsin mixture or aggressive factors. The concept of kapha-pitta samavritya suggests the delayed emptying time. Stasis of gastric contents and obstruction nearer pyloric canal.

Thus by this comparision, it is evident that there is much similarity in the pathogenesis of parinama-shoola and pepetic ulcer.

CLINICAL TYPES OF PARINAMA-SHOOLA

Parinama-shoola is a Tridoshaja Vyadhi (Madhukosha 26/15,26). Vata, Pitta and Kapha all are deranged. All the three Doshas combine together in production of Parinama-shoola. The primary pathology must be initiated by one Dosha. According to Ayuvedic philosophy, among all the Doshas vayu is the most powerful and omnipotent. It is omni present, rapid acting, omnipotent, mobiliser of other Doshas, independent and potent producer of maximum diseases. Kapha, Pitta, Mala & Dhatu are lame or motionless. These are carried at the place of disease by vayu as cloudes are carried on the raining place. Equilibrium among other Doshas, Dhatu and Malas is maintained by vayu. (Asht. Hrid. sha.3/84, Sharang Pu. 5/43, Ch.su. 18/49). Madhava has clearly mentioned that almost in all these shoolas, vayu is the aetiological factor. In commentary, Vijaya Rakshita has elucidated that shoola may be Kaphaja

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or Pittaja or of other varieties. But vayu must exist there as aetiologic factor (Madhava Nidan 26/1). This fact is applicable for Parinama-shoola. So the Parinama shoola may be of following types :

1. **Vataja :** Adhamana (Flatulence), Atopa (Borborygmi) Vivandha (constipation), Mutra vivandh (Oilgouria), Arati (Loss of interest in the surroundings), Bepana (Trimbling), Ushna Shamana (subsides after hot fomentation), such shamana (subside after fatty diet).

2. **Pittaja :** Trishna (Thrist), Daha (burning), Katu Rasa Vriddhi (Aggravated after Bitter), Amla Rasa Vriddhi (Aggravated after Acid), Arati (Loss of interest in the surroundings). Sweda (Perspiration), Sheeta shamana (subsides after cold).

3. **Shleshmika :** Chhardi (vomiting), Hrillasa (Nausea), Sammoha (semi conscious), Tikta Rasa shamana (subsides after bitter) Swalpa Ruka (Mild pain), Deergha Santati Ruka (Acute continuous pain)

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4. **Vata Pittaja :** Symptoms of vata & Pitta shoola both.

5. **Vata Kaphaja :** Symptoms of vata & kaphaj shoola both.

6. **Pitta-Kaphaja :** Symptoms of Pitta and Kaphaj Doshaj shoola both.

7. **Sannipataja :** Symptoms of all the three Doshas shoola.

The cardinal symptoms of parinama-shoola is pain during digestion. This pain may occur mainly in the epigastric region (Kukshi-shoola).

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SAPEKSHA NIDAN
WITH
ANNADRAVA-SHOOLA
PAITTIKA-SHOOLA
AMLA-SHOOLA
AMA-SHOOLA

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SAPEKSHA NIDAN (DIFFERENTIAL DIAGNOSIS)

The study of the clinical features of Parinama-shoola remains incomplete if the allied disorders are not taken into account, hence differential Diagnosis of the following has to be discussed :

1. Annadrava - Shoola
2. Paittika - Shoola
3. Amla - Shoola
4. Ama - Shoola

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ANNADRAVA-SHOOLA AND PARINAMA-SHOOLA

S. No.	Symptom	Parinama shoola	Annadrava shoola
1.	Pain occurness	Only during digestion	Immediately after meals & continues for a longer time.
2.	Pain ameliorated	Vatika-snigdha, ushna (Ma.ni.26/18) Paittika-sheet (Ma.Ni.26/19) Kaphaja-katutikta (Ma.ni 26/20)	Only by vomiting (Ma.Ni.26/22.1)

PAITTIKA-SHOOLA AND PARINAMA-SHOOLA

S. No.	Parinama shoola	Pattika Annadrava shoola
1.	Occurs only in the phase of digestion	Occurs at the all times of exciting of pitta, mid day, mid night and autumn etc.

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2.	All the 5 places of shoola are the site of pain	Only the umblicus (Nabhi) is the site of pain.
3.	Shoola (piercing pain)	Chosyukta vedana (inflammatory pain).
4.	Releived by food or vomiting	Relieved by sheeta & Madhura Ahara (cold & sweet food & drink)
5.	Tridoshaja but Pittolbana (Pitta predominant)	Ekdoshaja vyadhi (single dosha i.e. Paittika).

AMLA-PITTA AND PARINAMA-SHOOLA

Before differentiate the Amlapitta & Parinama shoola the question may be raised, is there any clinical correlation between Amlapitta and Parinama-shoola. In Madhava Nidana these two clinical condition have been described separately. These serial number of the chapter in Parinama-shoola is 26th chapter and serial number of Amlapitta is 51st chapter. One can see they have been described quite separately probably as independent to each other. On perusal of clinical presentation of Amlapitta. It appears Hrit-Kautha-Daha (Pyrosis), Amla-udgara (Acid eructation) and Avipaka (Indigestion) are main presenting symptoms. Shoola does not appear to be a constant presenting sympotms of Amlapitta. Therefore, Amlapitta may be regarded as precursor of parinama shoola. Thus chornic patient of Amlapitta may ultimately develop Parinama-shoola.

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AMA-SHOOLA AND PARINAMA-SHOOLA

The Ama-shoola is caused by excesive eating when there Agnimandya, pain, nausea, vomiting, and few other gastrointestinal symptoms are the clinical features of Ama-shoola. Therefore, because of the pain & vomiting it may draw the attention of clinician in differential diagnosis of the parinama-shoola. As it is caused by Agnimandaya, the symptoms of shleshmika-shoola are present in this disorder. It is also an acute pathology as compared to parinama-shoola which is chronic one. Thus with the history of illness and may be presence of symptoms of shleshma-vriddhi and Agnimandya, this can easily be differentiaate.

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PART II

MANAGEMENT (CHIKITSA)

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PRINCIPLES OF TREATMENT

AYURVEDIC PRINCIPLES

&

MODERN PRINCIPLES

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MANAGEMENT (CHIKITSA)

Principles of Ayurvedic treatment :

I. Shodhana Chikitsa : Parinama-shoola also being a disease of Amashaya like Amla-Pitta. So the shodhan chikitsa (Bhai. Rat. 30/61, Chakra Dutt. 27/1) has been preferred as the first measure of treatment followed by Samshamana Chikitsa. Vamana (Emesis), Virechana (Purgation) and vasti (Enemata) should be given in Parinama-shoola. Later on Bhava-Mishra has indicated the langhana (Bhav. Pra. 30/57, As. Hri.chi6/54-56) should be preferred first and only, if necessary emetics and purgation should be given. Yogaratnakar has also mentioned the same line of treatment for Parinama-shoola. But the has given some special methods too. Vatika Parinama-shoola should be treated by snehas, Paittika by purgatives and Kaphaj by vomiting. A Dwandvaja Parinama-shoola should be treated by sne has and Tridoshaja by all the measures (Yog.Rat shoola 2). Harita has aivsed to do Langhana, Vamana, Virechana, Anuvasana and Niruhana (Harita samhita sth. 3-7-60).

II. Shamana Chikitsa : With the review of the samshamana chikitsa for Parinama-shoola described in Ayurvedic literature. It is evident that the preparations are usually the mixture of many drugs and have been designed

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to act as upshaya viparita i.e. Hetu viparita as well as vyadhi viparita. On the basis of the pathogenesis, the treatment of this disease may be as such.

1. Alleviate the excited vata.
2. Control or reduce the hyperacidity of pitta i.e. Jatharagni in this case.
3. This reinstate the Kapha upto the normal level both in quality and quantity.
4. Repair and maintain the integrity of the Rasawahi srotas situated on the site of lesion.

PRINCIPLE OF TREATMENT IN MODERN MEDICINE

In the modern medical sciences the neutralization or inhibition of acid peptic activity is the paramount objective in the medical treatment of peptic ulcer. The dictum 'No Acid, no ulcer' has been reverberating for decades, and but for a few exceptions it remains unchallenged.

The object of therapy in peptic ulcer are to relieve pain, promote healing, prevent complications and also prevent reoccurence. Through achievement of these ideals may never be completed, significant relief and control of symptoms are achieved with adequate medical programme.

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1. **Rest :** Bed rest is always beneficial for the patients with acute ulcer symptoms, Gastric ulcer may heal more rapidly with bed rest.
2. Avoidance of Noxious Agents.
3. Diets. (In sweet & liquid form)
4. Antacides (To neutralise the Acidity)
5. Antisecretary drugs : (i) Anticholinergics
   (ii)Histamine (H2) Antagonists
6. Hormones :
   (i) Prosta-glandins
   (ii) Glucagon
   (iii) Sulpirides
7. Mucosal Protective Agents as Colloidal Bismuth.
8. Sedative & Tranquillizers (For excessive pain).
9. Rediation therapy.
10. Surgical treatment
    (i) Billroth I Procedure-
    (ii) Polva Gastrectomy.
    (iii) Vagotomy
    (iv) Gastro-enterstomy-
    (v) Combined Gastro enterestomy with vagotomy.
    (vi) Pyloroplasty with vagotomy.
    (vii) Vagotomy with three quarter subtotal Gastric resection.

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SHODHAN CHIKITSA

SNEHAN

SWEDAN

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1. SAMSHODHANA CHIKITSA :

Many Acharyas say that the Samshodhana chikitsa is better than the Samshamana chikitsa or samshamana chikitsa is better to do before the samshodhana chikitsa. So we should apply the Samshodhana chikitsa first because it have the good results. For shodhana chikitsa it is necessary that this process should be adopted in proper way by which any complication will not arise. This whole processes should be done in the three phases.

A. SHEHAN KARMA

(i) Pre-operative (Poorva Karma)
(ii) Pradhana Karma (Actual Process)
(iii) Paschata Karama (Post operative or Samshrjana Karma)

1. Pre-operative (Poorva Karma): For the samshodhana Karma it is most essential to do the snehan & swedan, prior to actual karama. For this snehan and swedana karamas, in the pre-operative procedure the following points must be considered.

(a) Atura Pareeksha (Examination of the patient)
(b) Time of Administration of snehana substances
(c) Deciding of proper dosage.
(d) Dciding of the medicated Ghrit for oleation.
(e) Dietic regiment before the administration of the snehana

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karmas.

(f) Types of Snehapana.

(a) **ATURA PAREEKSHA** (Examination of the Patient)

The Physician msut find out whether the patient is fit to undergo snehan threapy or not. While dealing with all Pratyaksha, Anumana and Aaptopadesha method. The examination of the patient will yield some information regarding the age of the patient, Pramana (Testimony), Bala Strength) of the body and Dosha etc. (ch.vi.8/94). By this the physician can decide the dosage of the drug to be administered to the patient.

(i) Prakriti Pareeksha (Investigation for constitution)

(ii) Vikriti Pareeksha (Pathological Investigation)

(iii) Saara (Investigation for the strength of the body).

(iv) Samhanana (Investigation for the compactness of the body).

(v) Pramaana (Investigation for the proprtionate relation of the different organs).

(vi) Saatamya (Investigation for the homologation)

(vii) Satva (Investigation for the mental state).

(viii) Ahaara shakti (Investigation for intake and digestive capacity).

(ix) Vyayaama shakti (Investigation for the body power)

(x) Vyaah (Age) Investigation for Age.

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(b) DURATION OF ADMINISTRATION OF SNEHA SUBSTANCE

The patient must be subjected for snehana therapy from 3-7 days or upto the Samyak snigdha lakshana, before he is subjected for sudation (Swedana) therapy. If the snehana therapy is adopted more than the stipulated period, then sneha substance will be come in Saatyma (Homologous) in the body (ch. sid. 1/6).

A person with laxed bowel (mrudu kostha) must be oleated for a period of 3 days.

A person with constipated bowel (Kroorakostha) must be administered with sneha substance for a period of 7 days (ch.su. 13/65).

A sneha (unctous) substance can be administered to a patient either 3-7 days or till he gets the signs and symptoms of proper oleation (samyak snigdha lakshana) (sui.ch. 31/36).

(C) DECIDING OF PROPER DOSE OF SNEHA SUBSTANCE (SNEHA MATRA)

The administration of unctuous substance in a proper dose is very essential, otherwise, it may lead to many complications, i.e. oedema, drowsiness, stiffness, unconsciousness, pruuritis, fever, pain, constipation and giddiness etc.

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There are different views still prevail in the texts regarding the dose of unctouous substance. But most appropriately the following should be taken in to consideration.

1. Hraisiyasi Maatra (Test dose)
2. Hrasva Maatra (Digested into 2 hours)
3. Madhyama Maatra (Digested in 4 hours)
4. Uttama Maatra (Digested in 8 hours)

1. Hrasiyasi Maatra (Test Dose) : This dose is very small and only employed in order to test or assess the reaction, sensitivity and digestive capacity etc. of the body to unctuous substances. This can be taken as test dose. It has shown that it is always safe and beneficial to proceed first by testing the tolernce of the patient to particular sneha with an initial small dose and then by grdual increase by the same, paying due regard to the individuals tolerence and reaction of sneha.

Some are of the opinion that either 2 palas or 4 or 6 palas (1 pala = 4 tolas) is considered to be the dose of Hrasiyasi Maatra. But practically it is considerd unsuitable due to the huge quantity. Even the administration of a test dose without taking into account the state of digestive power is considered as wrong. Any how, it is essential and beneficial to give a test dose of the particular sneha to be used in any case, which should not be more than 2 palas (100 ml.)

For the patient of Parinama-shoola we can use the 50 ml. ghrit in day in one dose. But it can be reduce or increase according to the digestives power of the patient. But the range

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of maatra (dose) should not below or over the 25-100 mls.

(d) DECIDING OF THE MEDICATED GHRIT FOR THE OLEATION THERAPY

Before decide the medicated Ghrita physician should decide the property of the Ghrita. First, which are beneficial in the Parinama-shoola. Parinama shoola have the property of pain (due to vata) during digestion and Amlodgara (Acidic nausea). etc.

Following Ghritas are decided by the many Acharyas. i.e.

Guru Pippali Ghrit (Chakra. Dutta 27/25-26)

Pippali Ghrit (Bhai.Rat)

Dadhik Ghrit (Bhai.Rat)

Beejpuradya Ghrit (Bhai.Rat)

Dadimadi Ghrit (A.H.)

Indukanta Ghrit (Sahastra Yoga)

Pathyapadadi Ghrit (A.H.)

Sukumaara Ghrit (A.H.)

Tikta Ghrit (A.H.) etc.

All obve Ghrit have the property to subside the pain and improve the digestive capacity and reduce the digestion time. Snehan is the most property of the Ghrita.

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(e) PRE-DIETIC ARRANGEMENTS :

The day previous to the commencement of oleation therapy the patient should take food in suitable quantity. The food preferably should be liquid (drava), hot, and anabhisyandi (which does not obstruct the channel of circulation). It must eigher be too unctuous or a mixture of two opposite qualities, i.e. hot and cold.

The dietic arrangements has got similar importance as that of application of medicine in Ayurveda. Since Madhyaahara vihara leads and brings about morbid conditions in the body, dietary arrangements should be strictly followed. It is said by Charaka in Vimana 1st chapter that food ingested in hot or warm will be digested early. It will maintain the equilibrium of vata, pitta and kapha. It increase digestive power, it allows the flatus (Apana vayu) to move downwards and on the whole it increases the age.

(f) TYPES OF SNEHAPAN IN PARINAMA SHOOLA

In Parinama shoola we should use the madhayama paka Ghrit according to Charaka, Vagbhata, & Sharangdhara but according to Sushruta, we should use the Mrudupaka Ghrits. But practically we use the madhyapaka Ghrit only.

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(ii) PRADHANA KARMA (ACTUAL PROCESS OF SNEHAPANA) METHOD OF ADMINISTRATION OF GHRITA

According to Sushruta the unctuous material must be given to the patient to drink within 15-30 minuts of the sunrise. Before this, citation of mantraa or swasthivachana must be done. This will keep the mind under tranquility. First 50 ml. of Ghrita must be given to drink to anadult dose in the Parinama-shoola. The dose of Ghrita must be adjusted according to the digestive capacity of the ptient.

(iii) PASHCHAT-KARMA IN SNEHAPANA MANAGEMENT DURING AND AFTER OLEATION THERAPY :

A patient who is under the oleation therapy must observe and adopt the followings :

(i) Hot water must be used for drinking and for other purpose.

(ii) Brahamcharya.

(iii) Not sleep in the day time.

(iv) Patient should not suppress the ntural vegas (urges) as urination, flatus and eructation etc.

(v) Avoid the physical exercise, loud speech, anger, anxiety, cold and sun rays.

(vi) Live in a place which is well protected from the direct wind.

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(vii) He should not be enraged, in sorrow and not wake up at late night.

(viii) He should not walk on bare foot and talk and study too much.

(ix) He should go up or move downwards.

(x) He should not take dry and Abhishyandi food.

All the above regimen must be continued for equal number of days even after the completion of the cause of administration of the sneha substances (ch.su.13/62-63 A.H. 13/26-27, su.su.1/35, A.H. su. 16/26-27).

(B) SWEDANA KARMA :

Administration of Swedan : It is defined as the process by which the sweat or perspiration of the body will be produced. Sweat or sweda is Mala of the body and swedan is a process by which the sweda produced from the body.

After the oleation therapy therapy sudation must be adopted to regulate the movements of the urine and faecebs etc., without any obstruction. The stiffness of the organs of the body will properly regulated undoubtedly (ch.su. 10/5) swedana (sudation) therapy is said to be the best treatment for vaata and Kapha diseases. (ch.su. 14/3).

In the case of parinama-shoola only mild sudation is sufficient. As warm water bath is enough. If we want to give

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the proper swedan then we should apply the Vashpa sweda or Kumbhi sweda or the Avagah sweda for only 3 days.

(C) VIRECHANA KARMA :

After completion of the snehan and swedan poorvakarma we should administered the virechana karma not other karmas i.e. Vamana, Vasti, Nasya etc. because in the case of parinama-shoola the pitta is prdominant.

HOW THE PITTA IS PREDOMINANCE

According to Madhava's original samprapati, we have explained, that vayu is the most powerful and predominant Dosha (Madhava Nidana 26/15), But concerning the predominance of Doshas there is an apparent, visible and palbable controversy in the view of Madhava and among his contemporaries. A contradictory opinion has been documented in Madhukosha commentary by Vijaya Rakshita. According to the Vijaya Rakshita pitta is the most powerful and predominant Dosha in pathogenesis of parinama shoola. His view is based on a sound and scientific background. His argument is simple, applied and practical. The commentator says that shoola of Parinama-shoola comes on a definite period i.e. during the period of digestion. During the period of digestion, pitta remains in provoked condition. So the pitta should be taken as the predominant Dosha in Parinama-shoola (Vijaya Rakshita Madhukosha 26/15, 16). In this way, we see that

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Vijaya Rakshita is not only a commentator but as an original worker too. His opinion of predominance of pitta complements and suppllements the view of Madhava. He goes one step forward than Madhava and adds a fundamental and missing link in pathogenesis of Parinama-shoola. He has given a practical samprapti varified by modern thinkers in form of acid pepsin mixture.

So due to the predominance of the pitta we should administer the Virechana therapy in all other Panch Karmas.

But the other shastras as Chakra Dutt, Bhaisjya-Ratnawli, Bhava Prakash, Yogratnakar, Haritha Samhita etc. had said we should apply the whole Panch Karmas. These Karmas which should be administered have described in the Ayruvedic Chiktsa Sutra in the chapter of Management of this dessertation work. But now a days with the difficulty and with not necessity of whole Karmas we should apply only the virechana Karma in my opinion.

VIRECHANA KARMA

This virechana karma we can divide it into three categories :

(1) **POORVA KARMA :**

(a) Sambhara Sangraha (collection of Drug)

(b) Preparation of the Patient.

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(c) Contra indicated persons.

(d) Dosage of the Virechana Dravyas.

(a) Sambhara Sangraha (Collection of Drug) :

The Virechana drugs which ae mentioned in the Kalpasthan of the Charaka must be collected among them some Choorna as - Triphala choorna
Swarnapathra choorna
Hareetaki choorna etc.

Kwatha of - Katuki (Picrryza kurrora).
- Aagwadha (Cassia - gistula)
- Draksha (Vitis venifera)
Hareetaki (Terimalia chebula)
Eranda (Riccinus communis)

Abhyaristha etc. any one we can use. But in the Ayruvedic college. Hospital, Gurukul Kangri we used Avipattikar choorna, Aragwadha choorna and Drakshadi Avleha for the laxation and purgation in required dose.

(b) Preparation of the patient :

Before going on the process the physician must decide whether the patient is fit for virechanaa Karma therapy or not. If the patient is fit, then different matraas (uttama, madhyama etc.) must be decided.

Before the administration of Virechana the poorvkarmas like snehan and Swedan are to be adopted which

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is said before this description. After snehapaana the Abhyanga and Sweda must be instituted. After snehan 3 days must be allowed for samsarjan karm and rest, for the patient, and then, virechana therapy adopt. If there is any contra-indication for swedana, then virechana must be instituted after third day of snehapaana.

Virechanopayogi bhojana (food), snigdha (sneha), Drava (fluid), Ushna (hot) Maamsarasa, rice, rasa of aamlaphala must be given to the patient.

(c) CONTRA INDICATED PERSONS :

The process should not administered in the some patient which are described by the Charaka (ch.sid. 2/11, A.H. Su. 18/7. Su.chi.33/31)

(d) DOSAGE OF VIRECHANA DRAVYAS

Name of Drug	Marudu	Madhyama	Kroorakoshtha
(a) Eranada Oil	6-25 gm.	25-50 gm	50-100 gm
(b) Avipattikar choorna	5-10 gms.	10-15 gms.	15-30 gms.
(c) Draksha	10-15 gms.	15-20 gms.	20-30 gms.
Aragvadha	do	do	do
Hareetaki	do	do	do

(2) PRADHANA KARMA :

This consists of Administration of virechana and till the stoppage (nivrith) of virechana vegas. The following

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points are necessary to kept in mind at the time of administration of the virechana karma.

(1) Administration of the virechana Yoga.
(2) Examination of the patient, who has undergone Virechana therapy.
(3) Deciding the Vegas.
(4) Observation of the signs & symptoms of samyaka, Ayoga & Atiyoga.
(5) Vyaapats (complication) of virechana and their treatment.

(a) ADMINISTRATION OF VIRECHANA YOGA

The individual who had undergone samyak snehana (proper oleation), Swedana (sudation) and has undergone samsarjana karma properly should selected for virechana (purgation) theray. Then, after noting a good day in the early morning. After enquiring yesterday's meal is digested or not and whether he slept in the night or not and then by observing whether he is having good mental control or not, the patient is made to cite swastyaadi vachanas we should administered either Drakshadi Avleha or any Virechana yoga. Vaagbhatta has advised the administration of virechana after the Kapha-Kala (period).

(b) THE SIGN & SYMPTOMS OF PROPER PURGATION (Samyak Lakshna)

The signs of symptoms of shuddhi of srotas will be

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observed. There will be clearity of Prasannata of Janaanendriyas and Karmendriyas i.e. they will carry out their normal functions, lightness in the body, allevation of the vitiated doshas or disease, passing of flatus, increase of Digestion power (Agni Depti) and other symptoms mentioned in inadequate purgation are not observed. (Su.chi.33/23, Su.chi.33/25).

(iii) PASHCHAT - KARMA

SAMSARJANA KARMA

After the Virechana Karma the Agnimandya (loss of digestive power) present, so it is necessary to stimulate it by giving Laghu Ahar (light diet) and later on giving the Guru (heavy diet) Ahar. The normal diet mut be restored within 7 days. The peya, Villepi, Akrutayusha, Krutayusha, Akruta mamsa rasa and Krutu maamsa rasa must be given to a patient who has the shuddhi of pradhana, Madhya & Avara respectively. The normal diet must be restored on third day to Avara Shuddhi patient, on 5th day of Madhya suddhi atient and on 7th day to pradhana shuddhi patient.

If the above procedure of dieting is followed, the digestive power will be in a position to digest even the heavy food.

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SAMSHAMAN CHIKITSA

&

PATHYA - APATHYA

SAMSHAMAN CHIKITSA

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SAMSHAMAN CHIKITSA

The Samshamana chikitsa for parinama-shoola described in Ayurvedic literature. It has been also described that the first measure of treatment by shodhana therapy should followed by Samshamana chikitsa. In shamana chikitsa, it is evident that the preparations are usually the mixture of the many drugs and have ben designed to act as upshaya viparita, Hetu viparita as well as vyadhi viparita. On the basis of pathogenesis, the treatment of this disease may be as the following :

S. No.	Name of Drug	Dose	Shastra
1.	Avipatikara Churna	5 gm.	Chi.Tan.Dip.
2.	Shambookdi Gudika	2 tab.	Bh. Ratni
3.	Khudhawati Gudika		Bh. Ratna
4.	Vidangadi Modaka		Bh. Ratna
5.	Narikela Kshara		Chi.Dar. Bh. Ratna
6.	Kshara Raj		Chi. Dar.
7.	Shoola Gajendra Taila		Bh. Ratna
8.	Gudpipplayadi Ghrita		Bh. Ratna.
9.	Dadhika Ghrita		Bh. Ratna
10.	Sambook Bhasma		Chi. Dar. Yog. Rat. Bh. Rat.
11.	Shoola Gajkeshari Rasa		Bh. Rat.
12.	Shoolanka Rasa		Chi. Dar.
13.	Shootshekhara Rasa		Bh. Ratna.
14.	Dhatri Lauha		Ch. Dutt. Sidh. Yog. Sam, Bh. Ratna. Chik. Dar.
15.	Saptamrita Lauha		Ch. Dutt, Ras. Sar. Sam. Bh. Rat. and Chi. Dar.,
16.	Tara Mandoor		Chi. Dutt. Yog. Rat. Chi. Dar.

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17.	Shambookadi Lauha	Ras. Sr. Sam.
18.	Shatavari Manoor	Ch. Dutta, Yog. Rat. Bh. Ratna. etc.

In the above listed drugs, we can use any one drug according to our choice or according to the condition of the patient. But the above said ghrita or any snehapana ghrits which have been use for the internal oleation, that shoud adivsed to take for longer period as samshaman therapy in the dose of 10-15 gms. daily.

PATHYA APATHYA

The Lolamba Raja said, that a patient who follow the Pathya have no need of medicine because he can treat without any medicine. But who do not follow the pathya have no need of medicine because he can not treat by ay medicine so tha all patient requirs the pathya (Vaidya Jeevan by Lolambaraja)

The patient of Painama-shoola must follow the following pathya & leave the Apathya.

PATHYA: 1. Patient should take liquid diets i.e., milk, fruit juices, sweet drinks, narikela water, mamsa rasa of jangala animals & birds.
2. Laghu Ahara (light food) in small quantity but it can repeat after 4-5 hours.
3. Manda of the one year old wheat, shali, samva, kondo rice or barley.

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4. After improvement in the digestive capacity of the patient can take peya then vilepi etc. simultaneously.

APATHYA :

Parinama-shoola patient should not follow the -

1. Urada (Masha), Vegetable, Shushka shaka, vidahi substances as Rai, Maricha, Garam masala, Sarshapa oil etc.
2. Any Katu, tikshna acidic ahar as dahi, takra, achar, chatani, sirka, kanji, ajirna, bhojana, fish, madya, bhat, ice etc.
3. Patient should not walk or sit in sun rays, Awakening in thenight, Krodha (Anger) etc. (Chikitsa darsh)

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PART III

CONCLUSION

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CONCLUSION

Panchkarma is an immediate effective therapy, which has own importance in the field of medicine. It removes the whole root cause of the disease as the continuous working machine is overhauled to work like a new one. Panchkarama is not only the Shodhan therapy but it is also Brinhan (weight promoting), Shaman (suppressive) and rejuvenative therapy.

There are three main objects of the panchakarma therapy, first as a preventive method for endogenous disease for which we use Abhyang, Udvartan, Oleation on head, nasya and Ghrit in our daily life. Second is to get the amazing property of the Rasayan (Ch.Chi 1/1-24). Third is to treat the patient according to the disease.

If we apply the whole processes of the Panchakarma therapy on a patient for one particular disease then it will take sufficient time of the patient and which is difficult one due to the shortage of time. So we should try to use this therapy in short period in order to obtain good results.

In all, so many texts suh as Chakra Dutt, Bhava Prakash, Yogratnakar, Harita Samhita, Bhaisjya Ratnawali, it is mentioned that the shodhan karma-vamana, virechana,

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vasti etc. should be administered in Parinama shoola. Although there is no such description available regarding parinama shoola in Brihadtrayee, eventhough the chakra, sushruta and vagbhatta say that in the case of pitta the Virechana is sufficient (ch.su.25/40, A.H. Su, 1/25, A.S.Su.27). As in the case of Parinam shoola, pitta is the predominant factor as we havey already discussed in the chapter of virechana.

In this dissertation "Effect of snehapan in Parinama Shoola", the scheme has been planned with two objectives. First is to show the effect of snehapana and the second is in all the parcha karmas, which karma is beneficial to cure the patient.

Before administering any processes of the Pancha karma we must perform poorva Karma i.e. snehan and swedan first.

Snehapana is also included as a poorva-karma for the virechana karma in the case of parinama shoola. For snehapana we use the sneh in the form of Ghrit. It should not be used as a Achchha sneh only, but in the form of medicated ghrit. This medicated Ghrit is also a sedative medicine because the Ghrit has the following properties.

Ghrit is of many types according to sources, the properties also vary as well. The Ghrit collected from the

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cow-milk is considered the best and its actions are mentioned as innumerable. It is said that 'Vavyam sarpih Gunottaram'.

As regard to ghrit in general, it is restorative, sweet, stomachique, sheet veerya, snigdha, guru, so it exerts directly on vata and pitta. Besides this, it is used in many morbid states of the body. it has also get cooling and softening effect. Ghrit is internally used in plain and medicated form for excited vatic and paittic diseases and for those who by nature of vatic and paittic temperament. It is also used in cases of suffering from burning sensation, in surgical disease (madhava dravyaguna).

The record of Panchakarma Department, Govt. Ayurveda College, Gurkul Kangri, Hardwar shows the completes symptomatic relief with the snehapana and virechana karma in the parinama shoola patients. The main relief are noted in abdominal pain, accurately localized pain and pain related with meal, constipation and flatulance have also found relieved.

Now we are in a position to say that the above mentioned properties of the Ghrit have the healing effects. So,

1. This process of Ghrit pana has shown very good results on the patients of parinama shoola by improving

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their health as they were become very weak due to the lesser intake of food as well as by disease.

2. By this process we can help in the management of so many surgical problems.

3. It is worth mentioning here, that the effect found were long standing and the chances of reoccurrences became rare.

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PART - II

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16. मन्दान्यति स्नेहित बाल वृ): स्थूलाः क्षतक्षीण भयोपतप्ताः।
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शल्यार्दिताश्चाप्यविरेचनीयाः स्नेहार्दिर्भिर्ये त्वनुपस्कृताश्च।।
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17. एवं विरेचने मूत्रपुरीक्ष पित्त औषधकफाः इति (गच्छन्ति)।
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18. गतेषु दोषेषु कफान्विते नाभ्यालघुत्वे मनसश्चतुष्टौ।
गतेऽनिले चाप्यनुलोमभावं सम्यग् विरक्तं मनुजं व्यवस्येत्।।
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19. पथ्ये सति गदार्त्तस्य किमौषधनिषेवणैः।
पथ्येऽसति गदार्त्तस्य किमौषधनिषेवणैः।। (वैद्य जीवन)

20. विरेचनं पित्तहराणां (श्रेष्ठं)

21. पित्ते तु विरेकं, श्लेष्म संसृष्टे वातस्थान गते वा
श्लेष्मणि इति (विरेकं)।। अ0 सं0 सू0 27

22. विरेचनं तुसर्वोपक्रमेभ्यः पित्ते प्रधानतमं मन्यते भिषजः।
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